



AUSTRALIAN BUREAU OF STATISTICS

CANBERRA

HEALTH INSURANCE SURVEY AUSTRALIA

MARCH 1986

CATALOGUE NO. 4335.0

EMBARGOED UNTIL 11.30 A.M. 17 NOVEMBER 1986

**HEALTH INSURANCE SURVEY
AUSTRALIA**

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IAN CASTLES

Australian Statistician

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MAIN FEATURES

A survey of the private health insurance arrangements of the Australian population was conducted in March 1986. The sampled population was divided into either 'single contributor units' or 'family contributor units' depending on the structure of the household. The head of each household was asked about the type and rate of their private health insurance. There was an estimated 7,370,100 contributor units consisting of 15,457,200 persons as at March 1986.

Results of the survey showed that 47 per cent of all contributor units had some form of private health insurance cover. Of these, 69 per cent had both hospital and ancillary cover, 25 per cent had hospital cover only and 5 per cent had ancillary cover only.

An estimated 57 per cent of family contributor units and 36 per cent of single contributor units had some form of private health insurance. Contributor units consisting of 'married couple with dependent children' were more likely to have private health insurance than any other type of contributor unit.

The proportion of contributor units with private health insurance varied between the States and Territories, ranging from 53 per cent in South Australia and 51 per cent in Western Australia to 46 per cent in the Northern Territory and 36 per cent in Queensland. (Note: Queensland had free shared-ward accommodation with treatment by hospital doctors prior to the introduction of Medicare.)

Of contributor units whose head was born in Australia 49 per cent had private health insurance while for contributor units whose head was born overseas the proportion was 42 per cent. The proportion varied across countries with only 34 per cent of contributor units whose head was born in Greece having private health insurance compared with 46 per cent of contributor units whose head was born in Italy.

The survey also showed that as gross weekly income of contributor units increased, the proportion of contributor units with private health insurance also increased. Whereas 20 per cent of contributor units with a gross weekly income of less than \$126 indicated having private health insurance, 80 per cent of contributor units with a gross weekly income of \$801 or more had private health insurance.

This is the second health insurance survey conducted by the ABS since the introduction of Medicare on 1 February 1984. While the May 1984 survey was confined to employed wage and salary earners resident in capital cities, a comparison of results between the two surveys shows that the proportion of such contributor units (i.e. employed wage and salary earners resident in capital cities) with private health insurance has fallen from 59 per cent in 1984 to 54 per cent in 1986. In addition, a comparison of the March 1986 survey with that conducted in March 1983 shows that the proportion of all contributor units with private health insurance has declined from 64 per cent to 47 per cent.

EXPLANATORY NOTES

Introduction

In March 1986 a survey was conducted throughout Australia to obtain information about levels of private health insurance cover in the Australian community. Similar national health insurance surveys were conducted annually from 1979 to 1983 and a survey covering only employed wage and salary earners in all Australian capital cities was conducted in May 1984.

Scope

2. The survey included all persons aged 15 years and over, except:

- (a) members of the permanent defence forces;
- (b) certain diplomatic personnel of overseas governments, customarily excluded from census and estimated populations;
- (c) overseas visitors holidaying in Australia;
- (d) members of non-Australian defence forces (and their dependants) stationed in Australia;
- (e) all persons in non-private dwellings (hotels, motels, hospitals, etc.);
- (f) visitors to private dwellings; and
- (g) persons staying at caravan parks.

Survey method

3. The survey was conducted as part of the regular population survey, which is based on a multi-stage area sample of private dwellings (about 35,000 houses, flats, etc.) and covers about two-thirds of one per cent of the population of Australia.

4. Interviews were conducted over a period of two weeks commencing 10 March 1986. The information about health insurance was obtained within each selected dwelling by carefully chosen and specially trained interviewers.

5. The sampled population was divided into either 'single contributor units' or 'family contributor units' depending on the structure of the household. Information on health insurance arrangements was then obtained from the 'head' of the contributor unit. If the head was not available for interview, another responsible adult was asked to answer on his or her behalf. Consequently, all data are presented on a contributor unit basis and all insurance data relate to the insurance status of the head of the contributor unit.

Reliability of the estimates

6. Since the estimates are based on a sample they are subject to sampling variability (see Appendix I for further details). Some figures in this publication are replaced by the symbol *. These have a relative standard error greater than 30 per cent, which is considered too high for the estimate to be used for most practical purposes.

7. In addition to sampling errors, the estimates are subject to non-sampling errors. These may be caused by errors in reporting (e.g. because some answers were based on memory, or because of misunderstanding or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Such errors may occur in any statistical collection whether it is a full census count or a sample survey. Every effort is made to reduce non-sampling errors in the survey to a minimum by careful design and testing of questionnaires, by intensive training and supervision of interviewers, and by efficient operating procedures.

Outline of the medical and hospital benefits schemes

8. An outline of the medical and hospital benefits schemes which operated between 1 November 1978 and 31 March 1986 is presented as Appendix II. It describes the schemes operating at the time each health insurance survey was conducted and, therefore, is useful when looking at the results from individual surveys as well as comparing results between surveys.

Definitions

9. The definitions which follow are those applicable to the Health Insurance Survey of March 1986.

10. *Health insurance* — cover provided by private health insurance organisations to reimburse all or part of the cost of hospital or ancillary health services.

11. *Insurance organisation* — any private insurance organisation which provides health insurance cover to insurers and their dependants. The majority of insurance organisations which offer health insurance are those registered under the National Health Act. These organisations are operated on a non-profit basis and are required to provide a basic hospital benefit table. Other organisations which offer selective forms of private health insurance are also included in the scope of this survey.

12. Type of health insurance

(a) *Hospital cover* — health insurance cover provided by private insurance organisations to cover the costs of private accommodation in a public hospital, charges for private hospital treatment and care in a public hospital by a doctor of the patient's choice.

(b) *Ancillary cover* — any cover provided by private insurance organisations for health-related services other than medical or hospital cover (e.g. physiotherapy, dental, funeral benefits, ambulance).

(c) *Unknown type of cover* — this category was used to describe the health insurance of contributor units who stated they had some form of cover but were unable to specify all types of cover they held (e.g. hospital, ancillary or both). This category includes contributor units who reported having hospital cover but did not know whether they also had ancillary cover.

(d) *No private health insurance* — contributor units without any private health insurance (i.e. entitled to Medicare benefits only).

13. Level of hospital cover

(a) *Basic cover* — insures persons for the equivalent of charges for shared-ward accommodation when treated as a private patient in a public hospital. Basic cover also provides benefits for accommodation in private hospitals. In addition to this benefit, a Commonwealth subsidy is also applicable to accommodation in private hospitals (see Appendix II).

(b) *Higher cover* — insures people for higher levels of reimbursement than basic hospital cover.

14. *Contributor unit* — consists of one non-dependent member (i.e. head) plus all persons in the same family who are assumed to be dependent on the head. Persons who are considered to be dependent include:

(a) for married couples, the spouse

(b) all children under 15 years of age

(c) unmarried full-time students between 15 and 25 years of age without dependants of their own and who are living with their parents.

All other persons are considered to be non-dependent and, therefore, form their own separate contributor units.

15. *Contribution rate* — all contributor units were classified according to a health insurance contribution rate (i.e. single or family). Contributor units *with private health insurance* were asked their contribution rate. Where this was unknown they were classified according to their household composition as follows: households containing one person were classified as contributor units at the single rate; and, households containing more than one person were firstly subdivided into contributor units (by application of the definition in paragraph 14) and then classified to the appropriate contribution rate (i.e. dependent units to the family rate and the remainder to the single rate). For the purpose of comparison, contributor units *without private health insurance* were also classified as single or family contributor units according to their household composition.

16. *Employed wage and salary earners* — are contributor unit heads who, in the survey period:

(a) worked for an employer for wages or salaries, including persons who were salaried directors of limited liability companies; or

(b) were paid a retainer fee by their employer and worked on a commission basis; or

(c) received payment in kind.

17. *Gross weekly contributor unit income* — is the gross weekly income, at the time of the survey and from all sources, of the head of the contributor unit and spouse (if applicable). Income of any other dependants was not included.

18. *Whether government benefit received* — for a list of the benefits or allowances received see question 134 of Appendix III. Some of these pension beneficiaries were entitled to a health concession card from the government which entitled them to free medical care. See Appendix II for further details.

19. *Personal Treatment Entitlement (PTE) cards issued by the Department of Veterans' Affairs* — the holder of a PTE card is entitled to the full range of treatment benefits provided under repatriation treatment arrangements, including conditions which are not related to service. For further details see paragraph 1(c) of Appendix II. In this survey, PTE information was only collected for persons who were more than 45 years of age and were the head of a contributor unit.

Interpretation of results

20. The following factors should be considered in interpreting the estimates in this publication:

- (a) The exclusion from the survey of persons who were in hospitals, nursing homes and other health institutions may have affected the estimates.
- (b) All insurance data relate to the insurance status of the *head* of the contributor unit.

Persons who were eligible to be accepted as dependants for the purpose of health insurance (see paragraph 14) were assumed to be covered by the insurance of the head of their household, and were not asked the health insurance questions. A small proportion (2.0 per cent) of contributor units containing such dependent persons was reported as having insurance only at the single rate. This may have occurred where the head was the only person insured or where the dependants were insured independently.

Similarly, some contributor units (1.5 per cent) consisting of one person only, reported having family rate of health insurance. Such cases could have arisen, for example, when all dependants were living in a different dwelling from the head of the contributor unit at the time of the survey, or, the personal situation of a contributor may have altered (separation, divorce, death, etc.) but insurance arrangements may not have been changed.

- (c) As a result of (b) above, estimates relating to insured contributor units composed of a *head only* (i.e. one person) and those composed of a *head with dependants* (i.e. two or more persons) will not agree with estimates relating to *single rate* or *family rate* health insurance respectively.

Comparison with previous survey results

21. Comparison of the 1986 survey estimates with those obtained in previous years should be made with care for the following reasons:

- (a) *Types and levels of health insurance available* — the type and level of health insurance available varied as a result of major changes to the Health

Insurance Scheme implemented by the Commonwealth government in September 1979, September 1981 and February 1984. Details of the Schemes which operated between 1 November 1978 and 30 March 1986 are given in Appendix II.

- (b) *Sampling factors* — since all estimates were based on interviews with samples of the Australian population, results are subject to sampling variability (see Appendix I for further details) and any assessment or comparison of results should take this into account.

- (c) *Scope and coverage* — the 1984 survey was limited to employed wage and salary earners resident in Australian capital cities whereas all other surveys covered the Australian population aged 15 years and over.

Related publications

22. Other ABS publications which may be of interest include:

Health Insurance Survey, Australia, March 1979 (4335.0)
Health Insurance Survey, Australia, March 1980 (4335.0)
Health Insurance Survey, Australia, March 1981 (4335.0)
Health Insurance Survey, Australia, March 1982 (4335.0)
Health Insurance Survey, Australia, March 1983 (4335.0)
Health Insurance Survey of Employed Wage and Salary Earners, Eight Capital Cities, May 1984 (4355.0)
Australian Health Survey, 1983 (4311.0)

23. Current publications produced by the ABS are listed in the *Catalogue of Publications, Australia* (1101.0). The ABS also issues, on Tuesdays and Fridays, a *Publications Advice* (1105.0) which lists publications to be released in the next few days. The Catalogue and Publications Advice are available from any ABS office.

Symbols and other usages

- .. not applicable
- * subject to sampling variability too high for most practical purposes. (See paragraph 6.)

24. Where figures have been rounded, discrepancies may occur between sums of the component items and totals. Published percentages are calculated prior to rounding of figures and therefore some discrepancy may exist between these percentages and those that could be calculated from the rounded figures.

Electronic services

25. VIATEL. Key *656# for selected current economic, social and demographic statistics.

AUSSTATS. Thousands of up-to-date time series are available on this ABS on-line service through CSIRONET.

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TELESTATS. This service provides foreign trade statistics tailored to users' requirements.

Further information is available on (062) 52 5404.

(e) Types and levels of health insurance available—the type and level of health insurance available varied as a result of major changes to the Health Insurance Act.

31. Comparison of the 1986 survey estimates with those obtained in previous years should be made with care for the following reasons:

(c) As a result of (b) above, estimates relating to insured contributor units composed of a head only (i.e. one person) and those composed of a head with dependants (i.e. two or more persons) will not agree with estimates relating to single carer or family rate health insurance respectively.

Comparison with previous survey results

31. Comparison of the 1986 survey estimates with those obtained in previous years should be made with care for the following reasons:

(a) Types and levels of health insurance available—the type and level of health insurance available varied as a result of major changes to the Health Insurance Act.

Changes to the survey design—changes to the survey design have been implemented since the first year of the survey.

Electronic services

32. VIATEL Key*056 for selected current economic social and demographic statistics

AUSTATS Thousands of up-to-date time series are available on the ABS on-line service through CSIRONET.

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CHART 1. ALL CONTRIBUTOR UNITS : HEALTH INSURANCE STATUS BY CONTRIBUTION RATE, AUSTRALIA, MARCH 1986

Percentage of contributor units

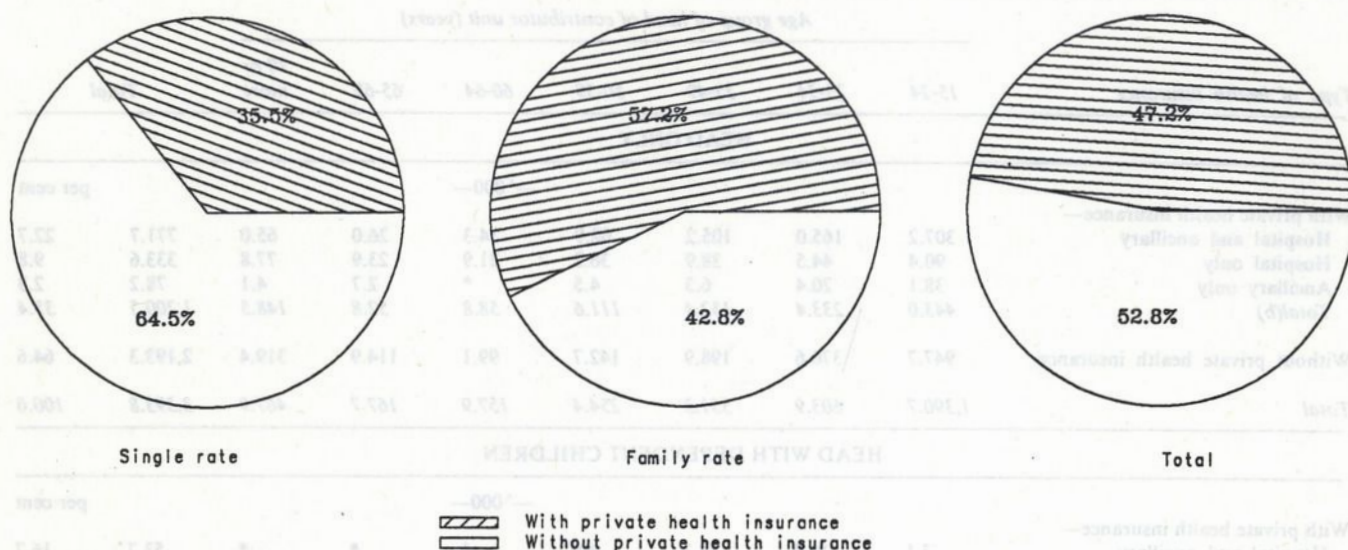


TABLE 2. NUMBER OF PERSONS IN CONTRIBUTOR UNITS : TYPE OF HEALTH INSURANCE BY CONTRIBUTION RATE BY STATE AND TERRITORY, MARCH 1986 ('000)

Type of health insurance	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Australia
SINGLE RATE									
With private health insurance—									
Hospital and ancillary	302.7	186.6	73.8	82.7	85.8	23.1	5.3	9.7	769.8
Hospital only	125.9	136.8	34.8	20.0	13.5	5.8	*	2.9	340.0
Ancillary only	24.5	20.0	6.1	16.0	10.2	2.8	*	1.9	81.6
Type of insurance not known	4.6	5.1	2.2	1.5	1.6	1.2	*	*	16.5
Total	457.7	348.4	116.9	120.2	111.1	32.8	6.3	14.5	1,208.0
Without private health insurance	789.6	566.6	385.4	169.2	180.2	56.9	15.1	30.4	2,193.3
Total	1,247.3	915.0	502.3	289.4	291.3	89.7	21.4	44.9	3,401.3
FAMILY RATE (a)									
With private health insurance—									
Hospital and ancillary	1,890.8	1,144.0	642.4	553.2	573.8	172.0	51.4	78.5	5,105.9
Hospital only	541.7	587.9	194.3	63.9	43.4	27.6	5.1	24.4	1,488.2
Ancillary only	83.8	73.8	57.5	62.3	52.4	13.4	*	8.5	356.3
Type of insurance not known	18.3	13.9	4.4	*	5.8	*	*	*	49.6
Total	2,534.6	1,819.5	898.6	682.5	675.4	214.8	61.6	113.2	7,000.1
Without private health insurance	1,580.5	1,284.0	1,076.9	364.5	406.1	144.6	47.9	72.3	4,976.7
Total	4,115.0	3,103.5	1,975.5	1,047.0	1,081.5	359.3	109.6	185.4	11,976.8
TOTAL									
With private health insurance—									
Hospital and ancillary	2,193.5	1,330.6	716.3	635.9	659.6	195.0	56.7	88.2	5,875.8
Hospital only	667.5	724.7	229.0	83.9	56.8	33.4	5.5	27.3	1,828.3
Ancillary only	108.3	93.7	63.6	78.4	62.6	16.2	4.8	10.4	437.9
Type of insurance not known	22.9	18.9	6.6	4.6	7.4	3.0	*	*	66.1
Total	2,992.3	2,167.9	1,015.5	802.8	786.5	247.5	68.0	127.7	8,208.1
Without private health insurance	2,370.0	1,850.6	1,462.3	533.7	586.3	201.5	63.0	102.7	7,170.0
Total	5,362.3	4,018.5	2,477.8	1,336.4	1,372.7	449.1	131.0	230.3 (b)	15,457.2

(a) Includes 60,700 contributor units consisting of one person only who reported family rate insurance (see Explanatory Notes 20(b)). (b) Includes 79,100 persons about whom no health insurance details were known. These 79,100 persons were the dependent members of 68,100 contributor units reporting only single rate insurance and were therefore not covered by that insurance (see Explanatory Notes 20(b)). They are not included elsewhere in this table.

**TABLE 3. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT(a)
BY TYPE OF HEALTH INSURANCE BY AGE OF HEAD OF CONTRIBUTOR UNIT, AUSTRALIA,
MARCH 1986**

	Age group of head of contributor unit (years)								
Type of health insurance	15-24	25-34	35-49	50-59	60-64	65-69	70 or more	Total	
HEAD ONLY									
	—' 000—								per cent
With private health insurance—									
Hospital and ancillary	307.2	165.0	105.2	68.9	34.3	26.0	65.0	771.7	22.7
Hospital only	90.4	44.5	38.9	36.2	21.9	23.9	77.8	333.6	9.8
Ancillary only	38.1	20.4	6.3	4.5	*	2.7	4.1	78.2	2.3
Total(b)	443.0	233.4	152.4	111.6	58.8	52.8	148.5	1,200.5	35.4
Without private health insurance	947.7	370.6	198.9	142.7	99.1	114.9	319.4	2,193.3	64.6
Total	1,390.7	603.9	351.3	254.4	157.9	167.7	467.9	3,393.8	100.0
HEAD WITH DEPENDENT CHILDREN									
	—' 000—								per cent
With private health insurance—									
Hospital and ancillary	3.1	10.9	34.3	4.9	*	*	*	53.7	16.7
Hospital only	*	4.0	6.8	2.2	*	*	*	13.7	4.3
Ancillary only	*	*	3.6	*	*	*	*	6.5	2.0
Total(b)	4.5	16.9	45.2	7.5	*	*	*	75.1	23.4
Without private health insurance	42.1	85.6	98.8	15.7	*	*	*	245.6	76.6
Total	46.5	102.5	144.0	23.2	2.5	*	*	320.7	100.0
MARRIED COUPLE(c) WITH NO DEPENDENT CHILDREN									
	—' 000—								per cent
With private health insurance—									
Hospital and ancillary	35.4	122.3	116.9	196.1	91.4	45.2	45.8	653.1	37.8
Hospital only	7.0	29.4	33.1	70.1	44.8	31.6	48.2	264.1	15.3
Ancillary only	2.9	8.2	6.7	9.2	3.4	3.6	2.2	36.3	2.1
Total(b)	45.5	160.8	157.8	278.4	140.1	81.2	97.0	960.7	55.6
Without private health insurance	39.3	79.6	91.5	143.6	112.3	113.5	186.6	766.5	44.4
Total	84.8	240.4	249.3	422.1	252.4	194.6	283.6	1,727.2	100.0
MARRIED COUPLE(c) WITH DEPENDENT CHILDREN									
	—' 000—								per cent
With private health insurance—									
Hospital and ancillary	13.6	266.2	530.9	94.4	12.6	2.9	*	921.7	47.8
Hospital only	3.5	82.0	126.8	26.7	4.9	*	*	245.1	12.7
Ancillary only	*	23.1	35.9	6.4	*	*	*	67.4	3.5
Total(b)	18.2	372.9	699.0	128.4	18.4	4.4	*	1,242.2	64.4
Without private health insurance	29.6	236.4	346.5	58.3	9.8	4.2	*	686.1	35.6
Total	47.7	609.3	1,045.5	186.6	28.1	8.6	2.5	1,928.4	100.0
TOTAL									
	—' 000—								per cent
With private health insurance—									
Hospital and ancillary	359.3	564.3	787.3	364.4	138.8	74.2	111.9	2,400.3	32.6
Hospital only	101.4	159.8	205.7	135.2	71.6	56.6	126.1	856.5	11.6
Ancillary only	42.5	53.5	52.5	20.6	6.4	6.6	6.4	188.4	2.6
Total(b)	511.2	783.9	1,054.4	525.9	217.9	138.5	246.7	3,478.5	47.2
Without private health insurance	1,058.6	772.2	735.7	360.3	223.0	233.3	508.4	3,891.5	52.8
Total	1,569.8	1,556.2	1,790.1	886.3	440.9	371.7	755.1	7,370.1	100.0

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See Explanatory Notes, paragraph 20(b) for more details. (b) Includes contributor units for which details of type of insurance were not known. (c) Includes de facto relationships.

TABLE 4. NUMBER OF CONTRIBUTOR UNITS : TYPE OF HEALTH INSURANCE BY COUNTRY OF BIRTH OF HEAD OF CONTRIBUTOR UNIT, AUSTRALIA, MARCH 1986
(^{'000})

Type of health insurance	Born in Australia	Born overseas							Total
		English speaking		Non-English speaking					
		UK & Ireland	Other	Italy	Greece	Yugoslavia	Asia	Other	
With private health insurance—									
Hospital and ancillary	1,847.4	220.5	38.5	51.3	21.1	24.5	62.0	135.0	2,400.3
Hospital only	678.2	66.3	8.5	23.7	8.5	7.7	17.0	46.5	856.5
Ancillary only	129.3	28.4	5.2	2.5	*	*	7.4	13.2	188.4
Total(a)	2,681.2	317.7	53.3	78.6	30.9	34.0	87.4	195.4	3,478.5
Without private health insurance	2,797.4	375.2	97.1	90.8	60.3	62.7	161.3	246.9	3,891.5
Total	5,478.6	692.8	150.4	169.4	91.2	96.7	248.7	442.2	7,370.1

(a) Includes contributor units for which details of type of insurance were not known.

TABLE 5. NUMBER OF CONTRIBUTOR UNITS : TYPE OF HEALTH INSURANCE BY YEAR OF ARRIVAL IN AUSTRALIA OF HEAD OF CONTRIBUTOR UNIT, AUSTRALIA, MARCH 1986
(^{'000})

Type of health insurance	Born overseas—arrived in Australia						Total
	Born in Australia	Before 1976	Between 1977-1980	Between 1981-1984	Between Jan 85 and Mar 86	Total overseas born	
With private health insurance—							
Hospital and ancillary	1,847.4	479.4	35.5	31.0	7.0	552.9	2,400.3
Hospital only	678.2	160.6	9.3	7.6	*	178.3	856.5
Ancillary only	129.3	45.0	5.8	8.0	*	59.1	188.4
Total(a)	2,681.2	690.4	51.6	46.8	8.5	797.3	3,478.5
Without private health insurance	2,797.4	831.3	97.0	118.7	47.2	1,094.1	3,891.5
Total	5,478.6	1,521.7	148.6	165.5	55.6	1,891.5	7,370.1

(a) Includes contributor units for which details of type of insurance were not known.

CHART 2. ALL CONTRIBUTOR UNITS : HEALTH INSURANCE STATUS BY COUNTRY OF BIRTH OF HEAD OF CONTRIBUTOR UNIT, AUSTRALIA, MARCH 1986

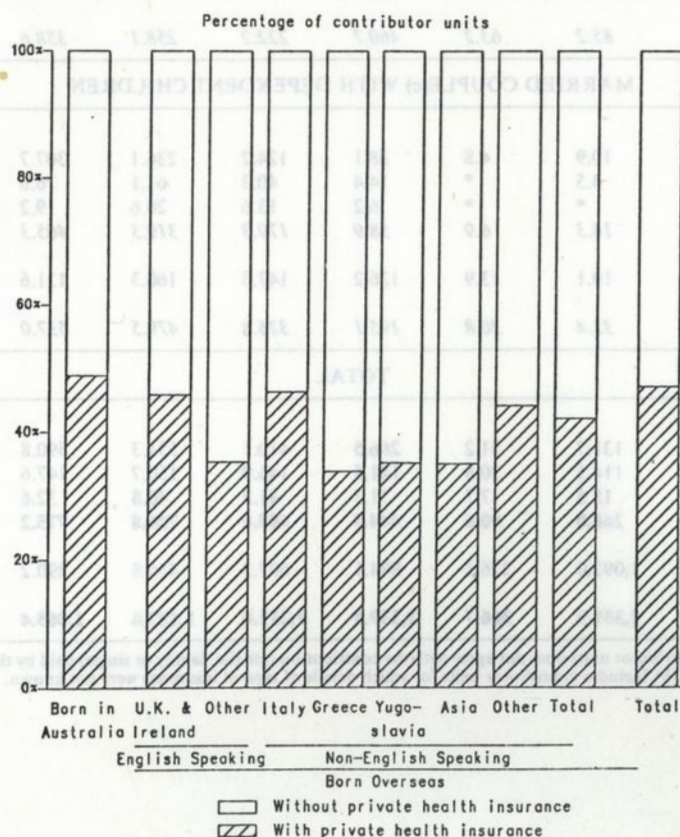


TABLE 6. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT(a) BY TYPE OF HEALTH INSURANCE BY GROSS WEEKLY INCOME OF CONTRIBUTOR UNIT, AUSTRALIA, MARCH 1986 ('000)

	Gross weekly income of contributor unit (\$)								
Type of health insurance	Less than 126	126-150	151-250	251-350	351-500	501-800	801 or more	Not known	Total
HEAD ONLY									
With private health insurance—									
Hospital and ancillary	104.8	34.4	152.0	184.8	159.9	71.8	15.3	48.7	771.7
Hospital only	97.3	19.5	63.1	61.8	41.3	19.4	5.0	26.0	333.6
Ancillary only	15.7	5.4	15.9	18.3	14.8	4.7	*	3.1	78.2
Total(b)	220.9	60.1	235.3	267.6	217.8	96.6	20.5	81.8	1,200.5
Without private health insurance	953.0	142.1	367.0	353.0	200.2	61.5	9.0	107.5	2,193.3
Total	1,173.9	202.2	602.3	620.5	418.0	158.1	29.5	189.3	3,393.8
HEAD WITH DEPENDENT CHILDREN									
With private health insurance—									
Hospital and ancillary	3.2	4.2	10.5	13.1	11.7	6.9	*	2.2	53.7
Hospital only	*	2.2	2.9	2.5	3.0	*	*	*	13.7
Ancillary only	*	*	*	*	*	*	*	*	6.5
Total(b)	5.9	7.2	15.5	17.2	15.3	8.7	*	3.4	75.1
Without private health insurance	59.6	73.4	65.4	24.3	12.7	3.0	*	6.4	245.6
Total	65.5	80.6	80.9	41.5	28.0	11.7	2.7	9.7	320.7
MARRIED COUPLE(c) WITH NO DEPENDENT CHILDREN									
With private health insurance—									
Hospital and ancillary	12.8	7.8	65.9	87.9	123.6	204.3	91.1	59.6	653.1
Hospital only	11.1	7.4	61.0	42.3	45.3	50.6	21.4	25.0	264.1
Ancillary only	*	*	7.4	7.8	4.8	8.2	3.3	2.7	36.3
Total(b)	24.9	16.5	135.2	139.6	174.5	264.5	116.2	89.4	960.7
Without private health insurance	60.3	46.6	325.5	82.5	83.6	94.1	30.5	43.3	766.5
Total	85.2	63.2	460.7	222.2	258.1	358.6	146.7	132.7	1,727.2
MARRIED COUPLE(c) WITH DEPENDENT CHILDREN									
With private health insurance—									
Hospital and ancillary	10.9	4.8	38.1	124.2	236.1	307.7	132.3	67.6	921.7
Hospital only	4.5	*	14.4	40.3	61.1	76.6	30.0	16.6	245.1
Ancillary only	*	*	6.2	13.6	20.6	19.2	3.8	2.8	67.4
Total(b)	16.3	6.9	58.9	179.3	319.3	405.3	167.1	89.2	1,242.2
Without private health insurance	19.1	13.9	136.2	147.5	160.3	131.6	34.4	43.1	686.1
Total	35.4	20.8	195.1	326.8	479.5	537.0	201.5	132.4	1,928.4
TOTAL									
With private health insurance—									
Hospital and ancillary	131.7	51.2	266.5	410.1	531.3	590.8	240.4	178.2	2,400.3
Hospital only	114.5	30.8	141.5	146.9	150.7	147.6	56.6	67.8	856.5
Ancillary only	18.5	7.7	31.3	41.3	40.8	32.6	7.3	8.8	188.4
Total(b)	268.0	90.6	444.9	603.6	726.8	775.2	305.7	263.7	3,478.5
Without private health insurance	1,092.0	276.1	894.1	607.3	456.8	290.2	74.7	200.4	3,891.5
Total	1,359.9	366.7	1,339.0	1,211.0	1,183.6	1,065.4	380.4	464.1	7,370.1

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See Explanatory Notes, paragraph 20(b) for more details. (b) Includes contributor units for which details of type of insurance were not known. (c) Includes de facto relationships.

TABLE 7. NUMBER OF CONTRIBUTOR UNITS WITH PRIVATE HEALTH INSURANCE : LEVEL OF HOSPITAL COVER BY ANCILLARY COVER BY CONTRIBUTION RATE, AUSTRALIA, MARCH 1986

Whether ancillary cover held	Level of hospital cover			Total with hospital cover	No hospital cover and unknown	Total	
	Basic	Higher	Other				
SINGLE RATE							
				— '000—			per cent
Has ancillary cover	191.1	570.3	8.4	769.8	81.6	851.4	70.5
Does not have ancillary cover	178.1	156.0	6.0	340.0	—	340.0	28.1
Not known if has ancillary cover	—	—	—	—	16.5	16.5	1.4
Total	369.2	726.3	14.4	1,109.9	98.1	1,208.0	100.0
FAMILY RATE							
				— '000—			per cent
Has ancillary cover	300.4	1,316.0	14.0	1,630.4	106.8	1,737.2	76.5
Does not have ancillary cover	239.6	272.7	4.1	516.5	—	516.5	22.7
Not known if has ancillary cover	—	—	—	—	16.9	16.9	0.7
Total	540.1	1,588.7	18.1	2,146.9	123.7	2,270.6	100.0
TOTAL							
				— '000—			per cent
Has ancillary cover	491.6	1,886.2	22.4	2,400.3	188.4	2,588.6	74.4
Does not have ancillary cover	417.7	428.7	10.1	856.5	—	856.5	24.6
Not known if has ancillary cover	—	—	—	—	33.4	33.4	1.0
Total	909.3	2,315.0	32.5	3,256.7	221.8	3,478.5	100.0

TABLE 8. NUMBER OF CONTRIBUTOR UNITS WITH PRIVATE HEALTH INSURANCE : LEVEL OF HOSPITAL COVER BY ANCILLARY COVER BY COMPOSITION OF CONTRIBUTOR UNIT(a), AUSTRALIA, MARCH 1986

Whether ancillary cover held	Level of hospital cover			Total with hospital cover	No hospital cover and unknown	Total	
	Basic	Higher	Other				
HEAD ONLY							
				—'000—			per cent
Has ancillary cover	187.5	575.8	8.3	771.7	78.2	849.9	70.8
Does not have ancillary cover	173.5	154.3	5.7	333.6	—	333.6	27.8
Not known if has ancillary cover	—	—	—	—	16.9	16.9	1.4
Total	361.1	730.2	14.1	1,105.3	95.1	1,200.5	100.0
HEAD WITH DEPENDENT CHILDREN							
				—'000—			per cent
Has ancillary cover	11.7	41.4	*	53.7	6.5	60.2	80.1
Does not have ancillary cover	5.5	8.2	*	13.7	—	13.7	18.2
Not known if has ancillary cover	—	—	—	—	*	*	*
Total	17.2	49.6	*	67.3	7.8	75.1	100.0
MARRIED COUPLE(b) WITH OR WITHOUT DEPENDENT CHILDREN							
				—'000—			per cent
Has ancillary cover	292.3	1,269.0	13.6	1,574.9	103.7	1,678.6	76.2
Does not have ancillary cover	238.7	266.2	4.3	509.2	—	509.2	23.1
Not known if has ancillary cover	—	—	—	—	15.2	15.2	0.7
Total	531.0	1,535.2	17.9	2,084.1	118.9	2,203.0	100.0
TOTAL							
				—'000—			per cent
Has ancillary cover	491.6	1,886.2	22.4	2,400.3	188.4	2,588.6	74.4
Does not have ancillary cover	417.7	428.7	10.1	856.5	—	856.5	24.6
Not known if has ancillary cover	—	—	—	—	33.4	33.4	1.0
Total	909.3	2,315.0	32.5	3,256.7	221.8	3,478.5	100.0

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See Explanatory Notes, paragraph 20(b), for more details. (b) Includes de facto relationships.

TABLE 9. NUMBER OF CONTRIBUTOR UNITS WITH PRIVATE HEALTH INSURANCE: COMPOSITION OF CONTRIBUTOR UNIT(a) BY REASON(S) FOR HAVING PRIVATE HEALTH INSURANCE COVER, AUSTRALIA, MARCH 1986
(' 000)

Reason(s) for having private health insurance cover(b)	Head only	Head with dependent children	Married couple(c) with no dependent children	Married couple(c) with dependent children	Total
Choice of doctor	463.5	32.1	411.2	599.1	1,506.0
Allows use of private hospital	451.4	27.3	421.8	526.9	1,427.3
Allows choice of accommodation in public hospital	188.6	11.3	170.6	218.9	589.4
Always had cover/unsure since Medicare	343.4	18.6	295.5	315.6	973.1
Other	386.7	28.7	269.5	412.2	1,097.1
Total	1,200.5	75.1	960.7	1,242.2	3,478.5

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See Explanatory Notes, paragraph 20(b), for more details. (b) Persons could have more than one reason for having private health insurance and, therefore, components do not add to totals. (c) Includes de facto relationships.

TABLE 10. NUMBER OF CONTRIBUTOR UNITS WITHOUT PRIVATE HEALTH INSURANCE: AGE OF HEAD OF CONTRIBUTOR UNIT BY WHETHER GOVERNMENT BENEFIT RECEIVED BY HEAD OF CONTRIBUTOR UNIT, AUSTRALIA, MARCH 1986

Whether government benefit received	Age group of head of contributor unit (years)					Total	per cent
	15-29	30-44	45-59	60-69	70 or more		
— ' 000 —							
Receives a government pension/benefit—							
Has a PTE card(a)			14.3	127.6	80.9	222.8	5.7
Has another card	278.4	182.4	159.9	207.6	318.9	1,147.2	29.5
Has no card or doesn't know if has card	72.4	44.1	43.8	55.5	90.1	305.9	7.9
Total	350.8	226.4	218.0	390.7	490.0	1,675.9	43.1
Doesn't receive a government pension/benefit or doesn't know if they receive a government pension/benefit—							
Has a PTE card(a)			*	*	*	3.7	0.1
Has another card	16.3	11.0	5.1	2.2	2.1	36.8	0.9
Has no card or doesn't know if has card	1,120.3	648.0	329.9	61.7	15.3	2,175.1	55.9
Total	1,136.6	658.9	336.1	65.6	18.4	2,215.6	56.9
Total	1,487.4	885.4	554.1	456.3	508.4	3,891.5	100.0

(a) Includes persons who had another card as well as a Personal Treatment Entitlement (PTE) card from the Dept. Veterans' Affairs. These persons are not counted in the 'Has another card' category.

TABLE 11. NUMBER OF CONTRIBUTOR UNITS: HEALTH INSURANCE STATUS, AUSTRALIA, MARCH 1980 TO 1983, AND MARCH 1986
(' 000)

Health insurance status	1980	1981	1982	1983	1986
With private health insurance	3,902.5	3,747.6	4,514.1	4,443.2	3,478.5
Without private health insurance	2,668.2	2,921.0	2,342.7	2,512.5	3,891.5
Total	6,570.7	6,668.7	6,856.7	6,955.7	7,370.1

CHART 3. ALL CONTRIBUTOR UNITS: HEALTH INSURANCE STATUS, AUSTRALIA, MARCH 1980 TO 1983, AND MARCH 1986

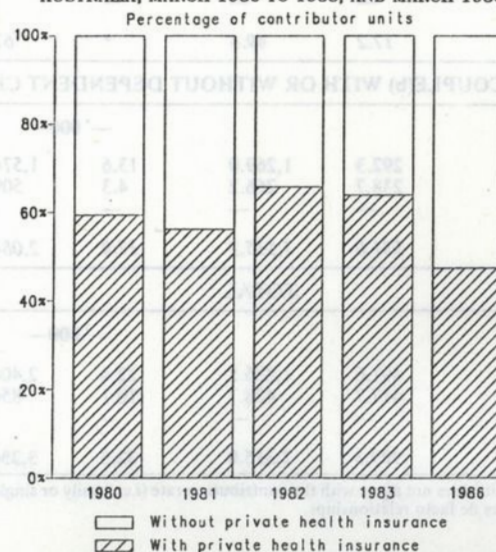
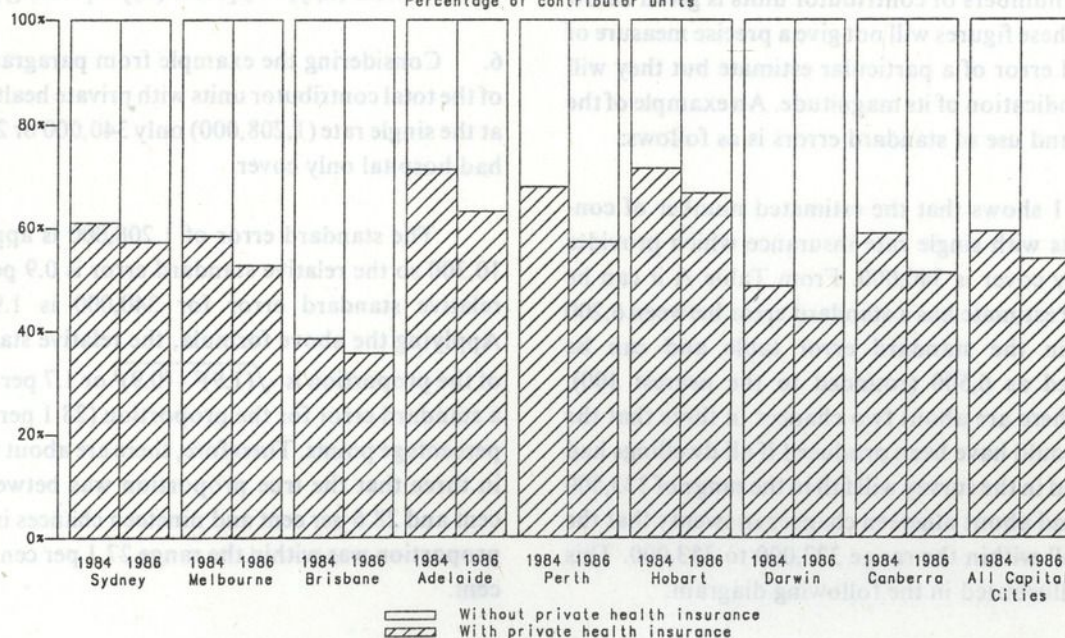


TABLE 12. CONTRIBUTOR UNITS WHOSE HEAD IS AN EMPLOYED WAGE AND SALARY EARNER : TYPE OF HEALTH INSURANCE BY CAPITAL CITY, MAY 1984 AND MARCH 1986
(*'000)

Survey period	Type of health insurance				Total with private health insurance	Without private health insurance	Total
	Hospital and ancillary	Hospital only	Ancillary only	Not known			
SYDNEY							
May 1984	443.5	113.1	23.5	5.6	585.7	373.0	958.7
March 1986	453.4	137.4	23.5	5.9	620.2	461.5	1,081.7
MELBOURNE							
May 1984	291.6	168.1	14.7	4.2	478.5	338.2	816.7
March 1986	306.9	152.2	22.4	3.6	485.1	433.5	918.6
BRISBANE							
May 1984	93.9	18.5	9.5	*	122.7	194.0	316.7
March 1986	92.3	20.3	12.2	*	126.2	226.7	352.8
ADELAIDE							
May 1984	153.4	16.8	13.6	*	184.9	73.9	258.8
March 1986	151.3	16.2	18.1	*	186.6	108.2	294.8
PERTH							
May 1984	154.8	11.7	13.6	*	181.2	85.4	266.5
March 1986	145.2	13.4	14.7	*	174.8	130.2	305.0
HOBART							
May 1984	28.3	2.3	0.8	*	31.7	12.6	44.3
March 1986	27.6	4.8	*	*	34.4	17.1	51.5
DARWIN							
May 1984	8.1	*	*	*	10.1	10.6	20.7
March 1986	10.7	*	*	*	12.4	16.9	29.3
CANBERRA							
May 1984	29.2	9.0	3.1	*	41.6	28.9	70.4
March 1986	27.1	8.8	4.2	*	40.6	38.5	79.1
ALL CAPITAL CITIES							
May 1984	1,202.8	340.2	79.5	13.8	1,636.3	1,116.5	2,752.8
March 1986	1,214.6	354.0	96.7	15.0	1,680.3	1,432.6	3,112.9

CHART 4. ALL CONTRIBUTOR UNITS WHOSE HEAD IS AN EMPLOYED WAGE AND SALARY EARNER : HEALTH INSURANCE STATUS BY CAPITAL CITY, MAY 1984 AND MARCH 1986

Percentage of contributor units



APPENDIX I

TECHNICAL NOTE ON SAMPLING VARIABILITY

Estimation procedure

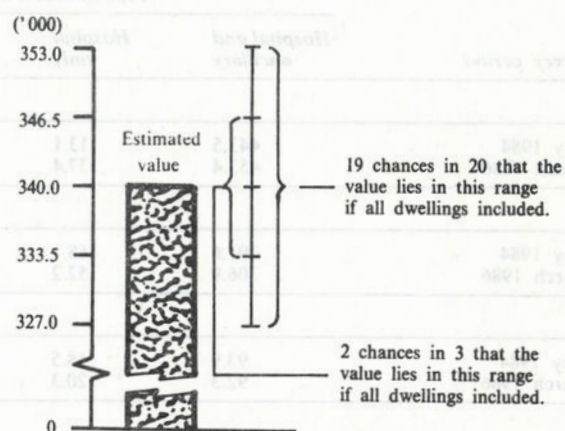
Estimates derived from the survey are obtained by using a complex ratio estimation procedure, which ensures that the survey estimates conform to an independently estimated distribution of the population by age and sex, rather than to the age and sex distribution within the sample itself.

Reliability of the estimates

2. Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings they are subject to sampling variability; that is, they may differ from the figures that would have been produced if all dwellings had been included in the survey. One measure of the likely difference is given by the standard error, which indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. There are about two chances in three that a sample estimate will differ by less than one standard error from the figure that would have been obtained if all dwellings had been included, and about nineteen chances in twenty that the difference will be less than two standard errors. Another measure of the likely difference is the relative standard error, which is obtained by expressing the standard error as a percentage of the estimate.

3. Space does not allow for the separate indication of the standard errors of all estimates in this publication. A table of standard errors and relative standard errors for estimates of numbers of contributor units is given below (Table A). These figures will not give a precise measure of the standard error of a particular estimate but they will provide an indication of its magnitude. An example of the calculation and use of standard errors is as follows:

Table 1 shows that the estimated number of contributor units with single rate insurance which provides hospital only cover is 340,000. From Table A it can be seen that the estimate has a standard error between 6,200 and 7,500 in the standard error table and can be approximated as 6,500 (rounded to the nearest 100). Therefore, there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall in the range of 333,500 to 346,500 and about nineteen chances in twenty that the value will fall within the range 327,000 to 353,000. This example is illustrated in the following diagram.



4. As can be seen from the standard error table, the smaller the estimate the higher is the relative standard error. Very small estimates are thus subject to such high standard errors (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses. In the tables in this publication, estimates less than the lowest levels shown in the standard error table have not been published. Although figures for these small components can in some cases be derived by subtraction, they should not be regarded as reliable.

5. Proportions and percentages formed from the ratio of two estimates are also subject to sampling errors. The size of the error depends on the accuracy of both the numerator and the denominator. The formula for the relative standard error (RSE) of a proportion is given below:

$$RSE (x/y) = \sqrt{[RSE (x)]^2 + [RSE (y)]^2}$$

6. Considering the example from paragraph 3 above, of the total contributor units with private health insurance at the single rate (1,208,000) only 340,000 or 28.1 per cent had hospital only cover.

The standard error of 1,208,000 is approximately 10,300 so the relative standard error is 0.9 per cent. The relative standard error for 340,000 is 1.9 per cent. Applying the above formula, the relative standard error of the proportion is $\sqrt{(1.9)^2 + (0.9)^2}$ or 1.7 per cent, giving a standard error for the proportion (28.1 per cent) of 0.5 percentage points. Therefore, there are about two chances in three that the true proportion was between 27.6 per cent and 28.6 per cent and nineteen chances in twenty the proportion was within the range 27.1 per cent to 29.1 per cent.

TABLE A. STANDARD ERRORS AND RELATIVE STANDARD ERRORS FOR ESTIMATES OF NUMBERS OF CONTRIBUTOR UNITS, MARCH 1986

Size of estimate	N.S.W.		Vic.		Qld		S.A.		W.A.		Tas.		N.T.		A.C.T.		Australia	
	SE	RS E%	SE	RS E%	SE	RS E%	SE	RS E%	SE	RS E%	SE	RS E%	SE	RS E%	SE	RS E%	SE	RS E%
600											200	32.8						
800											230	28.2			250	31.7		
1,000							330	32.9			250	25.1	320	32.3	280	27.8		
1,300							370	28.7	400	30.4	280	21.7	360	27.6	310	23.8		
1,500							400	26.6	420	28.2	300	20.1	380	25.4	330	21.8		
1,800					540	30.1	430	24.1	460	25.5	330	18.2	410	22.7	350	19.5		
2,000					570	28.5	460	22.8	480	24.1	340	17.1	430	21.3	370	18.3	610	30.5
2,500	760	30.4	770	30.7	640	25.4	500	20.2	530	21.4	380	15.1	470	18.7	400	16.0	690	27.4
3,000	830	27.7	840	27.9	690	23.2	550	18.2	580	19.3	410	13.6	500	16.7	430	14.2	750	25.2
3,500	890	25.5	900	25.7	750	21.4	590	16.8	620	17.7	440	12.5	530	15.2	450	12.9	820	23.4
4,000	950	23.8	960	24.0	800	19.9	620	15.5	660	16.4	460	11.5	560	14.0	470	11.9	880	21.9
4,500	1,000	22.3	1,000	22.5	840	18.7	650	14.6	690	15.4	480	10.7	590	13.0	500	11.0	930	20.7
5,000	1,050	21.1	1,050	21.3	880	17.7	690	13.7	720	14.5	500	10.1	610	12.2	510	10.3	980	19.6
6,000	1,150	19.2	1,150	19.3	960	16.0	740	12.4	780	13.0	540	9.1	650	10.9	550	9.1	1,100	17.9
10,000	1,450	14.5	1,450	14.5	1,200	12.1	920	9.2	970	9.7	660	6.6	790	7.9	650	6.5	1,400	13.9
20,000	2,000	9.9	1,950	9.8	1,650	8.1	1,200	6.1	1,300	6.4	860	4.3	1,050	5.1	810	4.1	1,950	9.6
50,000	2,900	5.8	2,850	5.7	2,350	4.7	1,700	3.4	1,800	3.6	1,150	2.3	1,450	2.9	1,050	2.1	2,950	5.9
100,000	3,850	3.9	3,700	3.7	3,050	3.1	2,200	2.2	2,300	2.3	1,450	1.4	1,800	1.8	1,250	1.3	3,950	3.9
200,000	5,100	2.5	4,750	2.4	3,950	2.0	2,750	1.4	2,950	1.5	1,750	0.9			1,500	0.7	5,300	2.6
300,000	5,900	2.0	5,500	1.8	4,500	1.5	3,100	1.0	3,350	1.1	1,950	0.7					6,200	2.1
500,000	7,200	1.4	6,500	1.3	5,300	1.1	3,650	0.7	3,900	0.8							7,500	1.5
1,000,000	9,200	0.9	8,100	0.8	6,600	0.7	4,400	0.4	4,800	0.5							9,700	1.0
2,000,000	11,600	0.6	9,900	0.5	8,000	0.4											12,300	0.6
5,000,000	15,600	0.3	12,600	0.3													16,500	0.3
10,000,000																	20,300	0.2

7. Published figures may also be used to estimate the difference between two survey estimates (of numbers or percentages). Such a figure is itself an estimate and is therefore subject to sampling error. The sampling error of the difference between two estimates depends on their standard errors and the relationship (correlation) between them. An approximate standard error (SE) of the difference between two estimates (x-y) may be calculated by the following formula:

$$SE(x-y) = \sqrt{[SE(x)]^2 + [SE(y)]^2}$$

While this formula will only be exact for differences between separate and uncorrelated characteristics or sub-

populations it is expected to provide a good approximation for all differences likely to be of interest in this publication.

8. The imprecision due to sampling variability, which is measured by the standard error, should not be confused with inaccuracies that may occur because of imperfections in reporting by interviewers and respondents and errors made in the coding and processing of data. Inaccuracies of this kind are referred to as the non-sampling error, and they may occur in any enumeration, whether it be a full count or only a sample.

APPENDIX II

OUTLINE OF THE MEDICAL AND HOSPITAL BENEFITS SCHEME

1 NOVEMBER 1978 TO 31 MARCH 1986

This outline describes the medical and hospital benefits schemes operating in Australia for the period 1.11.1978 to 31.3.1986. The most recent major change was the introduction of Medicare (see page 17) on 1.2.1984.

1 November 1978 — 31 August 1979

1. *Commonwealth medical benefits*

(a) Pensioners with Pensioner Health Benefit entitlements (i.e. they satisfied a specified income test) and the dependants of such pensioners were eligible to receive medical benefits from the Commonwealth Government at 85 per cent of the Schedule fee for each medical service with a maximum patient payment of \$5 for any one service where the Schedule fee was charged. Payment of Commonwealth medical benefits for Pensioner Health Benefit card holders was made in one of two ways:

(i) by bulk-billing: the doctor claimed direct from the Commonwealth Department of Health 85 per cent of the Schedule fee for each medical service. The maximum personal payment by an eligible pensioner was \$5 where the Schedule fee was charged.

(ii) through a medical benefits organisation registered under the National Health Act: the patient was required to register with a registered medical benefits organisation (there was no charge for this) before being reimbursed 85 per cent of the Schedule fee, with a maximum patient payment of \$5 for each service where the Schedule fee was charged.

(b) Persons without medical insurance and identified by medical practitioners as disadvantaged were treated with no direct cost to the patient. The Commonwealth paid the doctor 75 per cent of the Schedule fee for each medical service, in full settlement for those services (i.e. through bulk-billing).

(c) Repatriation beneficiaries were eligible for treatment at Commonwealth Government expense (some only for service related conditions, others for all their medical conditions) through the Local Medical Officer Scheme operated by the Department of Veterans' Affairs. Under this scheme, the Department appointed a panel of General Practitioners for each metropolitan and country area throughout Australia to provide general medical services locally to eligible persons.

The Department reimbursed local medical officers for their services on a fee-for-service basis. Payments for consultations and visits were made at 85 per cent of the Schedule fee plus 60 cents, while payments for other services were made at the full Schedule fee.

Persons eligible for the full range of treatment benefits under these Repatriation treatment arrangements included 1914-18 War veterans, ex-prisoners of war, veterans receiving disability pension at or above the 100% general rate, veterans receiving a Service pension (subject to an income test) and War Widows. Some persons eligible under these Repatriation treatment arrangements may also have been eligible for Pensioner Health Benefit entitlements outlined in paragraph 1(a) or the Disadvantaged Persons arrangements outlined in paragraph 1(b) depending on their situation. In such cases, only one Commonwealth benefit could be obtained for any one service.

(d) All other persons were eligible for a Commonwealth medical benefit of at least 40 per cent of the Schedule fee for each medical service with a maximum patient payment of \$20 for any one service where the Schedule fee was charged. This Commonwealth medical benefit was paid to all persons, whether insured or not, through medical benefits organisations registered under the National Health Act.

2. *Medical insurance*

(a) Medical insurance was offered by non-profit medical benefits organisations registered under the National Health Act, and by other insurance companies.

(b) There was no requirement to take out medical insurance. Those who elected not to insure but who wished to obtain the Commonwealth medical benefit were required to register with a registered medical benefits organisation that had agreed to pay the Commonwealth medical benefit to uninsured persons on behalf of the Commonwealth. There was no charge for this registration.

(c) Persons with at least basic medical insurance were able to claim both Commonwealth and insurance benefits.

(d) As a condition of registration under the National Health Act, registered medical benefits organisations were required to offer a basic medical

benefit table which, together with the Commonwealth benefit, covered at least 75 per cent of the Schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the Schedule fee was charged.

- (e) In addition to providing basic medical benefits, insurance organisations offered a variety of medical benefits packages up to a maximum of the Schedule fee level, and ancillary benefits tables. Some also offered 'front-end deductible' schemes under which, for example, contributors met their own medical costs up to an agreed value and subsequent costs were partly or wholly met by their insurance organisation.
- (f) Registered medical benefit organisations claimed reimbursement of the Commonwealth medical benefits paid to both insured and uninsured people from the Department of Health.

3. *Public hospitals*

- (a) In all States and Territories, all persons without hospital insurance were entitled to shared-ward accommodation in public hospitals with treatment by doctors engaged by the hospitals (i.e. treatment as a 'public' patient). No fee was charged for such treatment or accommodation.
- (b) In all States and Territories, all persons who elected to be treated by their own doctor and/or persons who chose to be treated in a private ward or room, were treated as 'private' patients and were charged a fee for the accommodation. Such persons, whether insured or not, were also required to meet the costs of all the charges made for medical services provided by doctors not engaged by the hospitals. In all States and Territories, except Queensland and Western Australia, 'private' patients who received treatment solely from hospital doctors could also be charged a professional service fee by the hospital.
- (c) In all States and Territories, except Queensland, hospital insured patients were classified as 'private' patients and liable for various charges as outlined in paragraph 3(b) irrespective of whether they chose to be treated by their own doctor or in a private room/ward. In Queensland, insured persons could elect to be treated as 'public' patients as outlined in paragraph 3(a).
- (d) In June 1979 long-term patients accommodated in hospitals who no longer required hospital treatment were reclassified as nursing home type patients and required to contribute towards their care and accommodation in the same way as patients in nursing homes.
- (e) In Queensland, Western Australia and the Northern Territory, outpatients services were available to all persons free of charge. In the

other States and the Australian Capital Territory, outpatients services were available free of charge only to persons without hospital insurance, while those with hospital insurance were charged a flat fee.

4. *Repatriation hospitals*

A major general hospital in each State capital city was operated by the Department of Veterans' Affairs to provide hospital treatment for eligible veterans and dependants (see Paragraph 1(c) for details of eligible persons) at Commonwealth Government expense. Some beds in these hospitals were made available for public use as public hospital beds from time to time dependent upon capacity and generally subject to the arrangements outlined in paragraph 3. In addition, a small number of auxiliary hospitals were maintained. Some patients eligible for treatment under Repatriation treatment arrangements could be treated at Commonwealth Government expense at hospitals other than Repatriation hospitals subject to guidelines issued by the Department of Veterans' Affairs.

5. *Private hospitals*

Except for a few hospitals in South Australia, where Pensioner Medical Service patients were entitled to treatment free of charge, all persons treated in private hospitals were required to meet all the charges for accommodation and medical services. There was, however, a Commonwealth Government subsidy to private hospitals.

6. *Hospital insurance*

- (a) Hospital insurance was offered by non-profit hospital benefits organisations registered under the National Health Act, and by other insurance companies.
- (b) As a condition of registration under the National Health Act, registered hospital benefits organisations were required to provide a basic hospital benefit table covering the hospital charges for shared-ward accommodation in public hospitals for patients who chose to be treated by the doctor of their choice, and charges for professional services rendered to inpatients and for outpatients services.
- (c) In addition to providing basic hospital benefits, many registered insurance organisations also offered supplementary benefits covering charges raised for single bed wards in public hospitals and benefits to wholly or substantially cover private hospital charges. In addition, some organisations offered tables of ancillary benefits, and 'front-end deductible' schemes under which, for example, contributors met their own hospital costs up to an agreed value.

7. *Government funding of hospitals*

- (a) The approved net operating costs of all public hospitals in Australia were met under 50:50 cost sharing arrangements between the Commonwealth and State governments.
- (b) The Commonwealth Government paid a subsidy of \$16 per occupied bed day to all approved private hospitals.

1 September 1979—31 August 1981

1. *Commonwealth medical benefits*

- (a) Pensioner Health Benefit entitlements were extended to Supporting Parent Beneficiaries on 1 November 1979 and to Sickness Beneficiaries from 1 November 1980.
- (b) Persons who were not pensioners, disadvantaged or repatriation beneficiaries were eligible for a Commonwealth medical benefit to cover the amount (if any) by which the Schedule fee exceeded \$20, i.e. the maximum payment by the patient for any one medical service was \$20 where the doctor charged the Schedule fee.

2. *Government funding of hospitals*

- (a) As at 1 July 1981 the 50:50 cost sharing arrangements for the funding of public hospitals ceased except for Tasmania and South Australia. The Commonwealth Government made contributions towards the funding of public hospitals in other States and Territories through an untied but identifiable general revenue Health grant.
- (b) As at 25 June 1981 the Commonwealth Government increased its subsidy to private hospitals to \$28 per occupied bed day for patients who underwent certain prescribed surgical procedures. The subsidy of \$16 continued to be available to other patients.

3. *Other*

All other arrangements remained the same.

1 September 1981 — 31 January 1984

1. *Commonwealth medical benefits*

- (a) People who satisfied the Commonwealth defined criteria as people in special need, as follows:

New migrants and refugees in their first six months in Australia

Unemployment beneficiaries (subject to an income test)

Special benefit recipients (subject to an income test)

Persons on low incomes (subject to an income test)

were eligible to receive Commonwealth medical benefits at 85 per cent of the Schedule fee for each medical service or the Schedule fee less \$5 whichever was the greater amount. Such persons were issued with a Health Care card through the Department of Social Security. The Health Care card arrangements replaced the Disadvantaged Persons arrangements.

- (b) Persons who were not pensioners, repatriation beneficiaries or in special need were not eligible for Commonwealth medical benefits unless they had basic medical insurance with a registered organisation in which case the organisation received 30 per cent of the Schedule fee for each medical service.

2. *Medical insurance*

- (a) Only persons with medical insurance with a registered medical benefits organisation were able to claim both Commonwealth and insurance benefits.
- (b) Registered medical benefits organisations were required to cover at least 85 per cent of the Schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the Schedule fee was charged. They were no longer able to offer 'front-end deductible' schemes.
- (c) From 1 July 1981 to 30 June 1983, premiums for the 'basic' component of medical insurance paid to organisations registered under the National Health Act qualified for a taxation rebate.

3. *Public hospitals*

- (a) In all States and Territories, the entitlement to free treatment as a 'public' patient was available to the following categories of persons and their dependants:
 - (i) Holders of Pensioner Health Benefit cards or Health Benefit cards — issued to recipients of certain pensions and benefits from the Department of Social Security who have satisfied specified income requirements.
 - (ii) Holders of Health Care cards — issued to new migrants, refugees and persons determined by the Department of Social Security to be in special need (the latter based on income and family composition).
 - (iii) In general, entitlement also applied to persons requiring treatment as a result of sexually transmitted diseases, sexual abuse, child abuse and some infectious diseases.

(b) In New South Wales, apart from those listed in the above paragraph, entitlement to free treatment as a 'public' patient was retained for all recipients of pensions or benefits from the Department of Social Security and Veterans' Affairs service pensioners provided they were not covered by hospital insurance.

(c) In Queensland, the entitlement to free treatment as a 'public' patient was retained for all Queensland residents, irrespective of whether they were insured or not.

(d) All persons not entitled to free treatment as a 'public' patient and those who are entitled to free treatment but who elected to be treated by their own doctor were charged a fee for accommodation and a professional service fee for treatment by hospital doctors (if applicable), irrespective of whether they were insured or not.

(e) In all States and Territories, charges were made for all outpatients services except those provided to persons entitled to free treatment as a 'public' patient.

4. *Private hospitals*

All persons treated in private hospitals, whether insured or not, were required to meet all the charges for accommodation and medical services.

5. *Hospital insurance*

(a) Registered hospital benefits organisations were required to provide cover for charges for long-term nursing home type patients in hospitals. They were no longer able to offer 'front-end deductible' schemes.

(b) From 1 July 1981 to 30 June 1983, premiums for the 'basic' component of hospital insurance paid to organisations registered under the National Health Act qualified for a taxation rebate.

6. *Other*

All other arrangements remained the same.

1 February 1984 — 31 August 1985

1. *Medicare*

(a) In February 1984 the Commonwealth Government introduced the universal health scheme known as Medicare.

(b) Medicare was financed in part by a 1 per cent levy on all taxable incomes with low income cut-off points which were based on movements in the income thresholds applicable to pensioner health benefit card and health care card holders. For the 1985/86 financial year no levy was payable by:

(i) Single people earning less than \$7,526 per year; or

(ii) Married couples or sole parents with a combined income of \$12,504 or less, and increasing by \$1,530 for each dependent child.

(c) Initially, there was also a maximum levy payable in respect of higher income earners. This was reached at a single or combined husband and wife income of \$1,346 per week or \$70,000 per annum. This 'ceiling' was abolished from 1 July 1985.

(d) Medicare benefits were available to all persons ordinarily resident in Australia with the exception of members of diplomatic missions and their dependants. Short-term visitors to Australia (i.e. less than 6 months) are responsible for the full cost of their medical and hospital treatment.

2. *Commonwealth medical benefits*

(a) Under Medicare all persons receiving medical services that were provided by medical practitioners on a fee-for-service basis were entitled to a refund of 85 per cent of the medical benefits Schedule fee cost, or the Schedule fee less \$10, whichever is the greater.

(b) Medical practitioners were able to direct bill for any patient. In such cases, they received the Medicare benefit as full payment.

(c) It was not possible to insure with private health insurance organisations to cover the 15 per cent 'gap'. However, should an individual accumulate gap payments in excess of \$150 per year, Medicare would pay benefits at 100 per cent of the Schedule fee.

3. *Medical insurance*

Under the Health Insurance Act, private health insurance organisations were prevented from offering medical coverage.

4. *Public hospitals*

(a) Basic public hospital services were provided free of charge. Persons were covered for the cost of outpatient treatment and inpatient accommodation in a shared-ward with treatment by a doctor employed by the hospital.

(b) The cost of private accommodation in a public hospital, or care in a public hospital by a doctor of the patient's choice was not covered by Medicare.

(c) For long-term patients the period of time of continuous hospitalisation before classification as a nursing home type patient was reduced from 60 to 35 days. Certificates issued to long-term

patients in need of acute care were open to review by the Acute Care Advisory Committee who could recommend that they be affirmed, varied or revoked.

5. *Private hospitals*

All persons treated in private hospitals were required to meet all charges for accommodation and medical services. For the purposes of the hospital insurance benefit and the Commonwealth bed day subsidy, private hospitals were classified into three categories according to the services and facilities provided. Those hospitals with more sophisticated services and facilities attracted a higher level of insurance benefit and Commonwealth bed day subsidy. Details of private hospital insurance and Commonwealth Government subsidy to private hospitals are detailed in the following two paragraphs.

6. *Hospital insurance*

Health benefits organisations registered under the National Health Act were required to provide a basic private table. This table provided:

- (a) Coverage for the standard fee for shared-ward accommodation in public hospitals for patients who chose to be treated by the doctor of their choice, and charges for nursing home type patients in hospitals;
- (b) Payment of hospital insurance benefits for private hospital accommodation according to the following system of classification:
 1. Category 1 hospitals received a \$120 per day basic benefit;
 2. Category 2 hospitals received a \$100 per day basic benefit; and
 3. Category 3 hospitals received \$80 per day basic benefit.
- (c) On 1 February 1985 daily benefits payable under the basic private table to private hospitals increased to: Category 1 — \$135, Category 2 — \$115, and Category 3 — \$95.

7. *Government funding of hospitals*

- (a) From 1 February 1984, public hospitals in all States and Territories received both an identified Health grant and a Medicare grant for hospitals and other health services.
- (b) Approved private hospitals were paid a bed day subsidy dependent on the category of the hospital. Category 1 hospitals received \$40 per occupied bed day while Category 2 and Category 3 hospitals received \$30 and \$20 respectively.

1 September 1985 — 31 March 1986

1. *Public hospitals*

- (a) Persons maintaining private insurance for the purposes of the basic private table were automatically classified as private patients on admission to public hospitals unless they specifically requested admission as a Medicare patient.
- (b) Organisations which conducted health insurance business were required to be registered under the National Health Act, or cease such business except for the purposes of discharging liabilities assumed before 1 September 1985.

2. *Hospital insurance*

- (a) Commencing from 1 September 1985, the basic private table was expanded to provide cover for:
 - (i) the standard fee for shared-ward accommodation in public hospitals for patients who chose to be treated by the doctor of their choice, and charges for nursing home type patients in hospitals;
 - (ii) the 'gap' (the difference between Medicare benefits and the Schedule fee) in respect of professional services rendered on a day on which a person is an inpatient of a hospital;
 - (iii) a reduced same-day benefit in respect of persons who occupy a bed in a hospital or day hospital facility for a period not exceeding part of an overnight stay;
 - (iv) benefits as determined by the Minister for Health for specified prostheses;
 - (v) benefits for private hospital accommodation as specified in (i) above;
 - (vi) the provision of 'lesser benefits' (front-end deductibles) on an optional basis.
- (b) In addition to providing basic private table benefits, many registered insurance organisations also offered supplementary benefits covering charges raised for single bed wards in public hospitals and benefits to cover wholly or substantially private hospital charges.
- (c) Basic private table benefits payable to private hospitals were increased to \$144, \$124 and \$104 a day for categories 1, 2 and 3 hospitals, respectively, from 1 March 1986.

3. *Other*

All other arrangements remained the same.

APPENDIX III

SURVEY QUESTIONNAIRE, MARCH 1986

Introduction

The extract which follows shows the health insurance survey questions that were asked of all heads of contributor units. Questions for the usual monthly labour force survey and for supplementary surveys on persons not in the labour force and telephone ownership were included elsewhere in the questionnaire.

2. It has been included to assist in interpretation of the tables, but it should be borne in mind that the questions were asked by specially trained interviewers who had written instructions on the use of the questionnaire.

<p>119. THE NEXT FEW QUESTIONS ARE ABOUT PRIVATE HEALTH INSURANCE ARRANGEMENTS.</p>	<p>121. WHAT ARE THE REASONS HAS PRIVATE HEALTH INSURANCE?</p> <p>Choice of doctor (a) <input type="checkbox"/> 1</p> <p>Allows use of <u>private</u> hospital (b) <input type="checkbox"/> 2</p> <p>Allows choice of accommodation in <u>public</u> hospital (c) <input type="checkbox"/> 3</p> <p>Always had cover/unsure of cover since Medicare (d) <input type="checkbox"/> 4</p> <p>Other (e) <input type="checkbox"/> 5</p>	<p>126. IS THIS INSURANCE AT THE BASIC LEVEL OF THE PRIVATE HEALTH FUND OR IS INSURED AT A HIGHER LEVEL OF HOSPITAL COVER?</p> <p>Basic Cover <input type="checkbox"/> 1</p> <p>Higher Cover <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p> <p>Other <input type="checkbox"/> 4</p> <p>Book produced (Go to Q.131) <input type="checkbox"/> 5</p>
<p>120. APART FROM MEDICARE, DOES CURRENTLY HAVE PRIVATE HEALTH INSURANCE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.132) <input type="checkbox"/> 2</p>	<p>122. DOES BELONG TO MORE THAN ONE HEALTH INSURANCE ORGANISATION?</p> <p>Yes (Go to Q.123A) <input type="checkbox"/> 1</p> <p>No (Go to Q.123B) <input type="checkbox"/> 2</p>	<p>127. IS INSURED FOR ANY OTHER EXPENSES APART FROM HOSPITAL EXPENSES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.129) <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.130) <input type="checkbox"/> 3</p> <p>Book produced (Go to Q.131) <input type="checkbox"/> 4</p>
	<p>123A. WHAT ARE THE NAMES OF THE HEALTH INSURANCE ORGANISATIONS BELONGS TO?</p> <p>123B. WHAT IS THE NAME OF THE HEALTH INSURANCE ORGANISATION BELONGS TO?</p> <p>Book(s) produced (Go to Q.131) <input type="checkbox"/> 1</p> <p>Don't know <input type="checkbox"/> 2</p> <p>Name(s) (Specify)</p> <p>..... <input type="checkbox"/> 3</p>	<p>128. DOES INSURANCE COVER :—</p> <p>DENTAL EXPENSES (a) <input type="checkbox"/> 1</p> <p>PHARMACEUTICAL EXPENSES (b) <input type="checkbox"/> 2</p> <p>CHIROPRACTIC EXPENSES (c) <input type="checkbox"/> 3</p> <p>PHYSIOTHERAPY (d) <input type="checkbox"/> 4</p> <p>GLASSES (e) <input type="checkbox"/> 5</p> <p>AMBULANCE EXPENSES (f) <input type="checkbox"/> 6</p> <p>ACUPUNCTURE (g) <input type="checkbox"/> 7</p> <p>ANY OTHER EXPENSES</p> <p>Specify</p> <p>..... (h) <input type="checkbox"/> 8</p> <p>Interviewer: If none of codes 1-8 ticked then tick code 9.</p> <p>Don't know (j) <input type="checkbox"/> 9</p>
	<p>124. IS THIS INSURANCE AT SINGLE OR FAMILY RATES?</p> <p>Single <input type="checkbox"/> 1</p> <p>Family <input type="checkbox"/> 2</p> <p>Other arrangements <input type="checkbox"/> 3</p>	<p>129. Sequence Guide</p> <p>. If 'don't know' in Q.123, Q.125 or Q.126, go to Q.130 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.132 <input type="checkbox"/> 2</p>
	<p>125. DOES PRIVATE HEALTH INSURANCE COVER FOR HOSPITAL EXPENSES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.128) <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.127) <input type="checkbox"/> 3</p> <p>Book produced (Go to Q.131) <input type="checkbox"/> 4</p>	

<p>130. DO YOU HAVE THE MEMBERSHIP BOOK SO THAT I CAN RECORD THE NAME OF THE TABLE IS COVERED BY?</p> <p>Book produced <input type="checkbox"/> 1</p> <p>Book not available (Go to Q.132) <input type="checkbox"/> 2</p>	<p>134. WHICH BENEFITS OR ALLOWANCES DOES (OR (Name of spouse)) RECEIVE?</p> <p>Unemployment benefit . . . (a) <input type="checkbox"/> 01</p> <p>Sickness benefit (b) <input type="checkbox"/> 02</p> <p>Special benefit (c) <input type="checkbox"/> 03</p> <p>Age pension (d) <input type="checkbox"/> 04</p> <p>Invalid pension (e) <input type="checkbox"/> 05</p> <p>Widow's pension (f) <input type="checkbox"/> 06</p> <p>Supporting Parent's benefit (g) <input type="checkbox"/> 07</p> <p>TEAS (h) <input type="checkbox"/> 08</p> <p>Service pension (i) <input type="checkbox"/> 09</p> <p>War Widow's pension . . . (k) <input type="checkbox"/> 10</p> <p>Repat./Disability pension (m) <input type="checkbox"/> 11</p> <p>Other (n) <input type="checkbox"/> 12</p>	<p>137A. THE NEXT QUESTION IS ABOUT THE COMBINED WEEKLY INCOME OF AND (Name of spouse).</p> <p>Show YELLOW Prompt Card :-</p> <p>IN WHICH OF THESE GROUPS IS (THEIR/YOUR) COMBINED TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT?</p> <p>137B. Show YELLOW Prompt Card :-</p> <p>IN WHICH OF THESE GROUPS IS TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT?</p> <p>Group <input type="checkbox"/> <input type="checkbox"/> 99</p> <p>Don't know <input type="checkbox"/> 99</p>	<p>142. <u>Sequence Guide</u></p> <p>. If year of arrival is '85' or '86' in Q.7, go to Q.143 . . . <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.144 . . . <input type="checkbox"/> 2</p>
<p>131. <u>Interviewer:</u></p> <p>COMPANY</p> <p>TABLE</p> <p>Enter code during editing <input type="checkbox"/> <input type="checkbox"/></p>	<p><u>Interviewer:</u> Do NOT include family allowance/child endowment or superannuation. Recode Q.133 if necessary.</p>	<p>138. <u>Sequence Guide</u></p> <p>. If aged 45 years or more, go to Q.139 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.141 . . . <input type="checkbox"/> 2</p>	<p>143. IN WHAT MONTH DID ARRIVE IN AUSTRALIA?</p> <p>Jan.-Aug. 85 <input type="checkbox"/> 1</p> <p>Sept. 85 <input type="checkbox"/> 2</p> <p>Oct. 85 <input type="checkbox"/> 3</p> <p>Nov. 85 <input type="checkbox"/> 4</p> <p>Dec. 85 <input type="checkbox"/> 5</p> <p>Jan. 86 <input type="checkbox"/> 6</p> <p>Feb. 86 <input type="checkbox"/> 7</p> <p>Mar. 86 <input type="checkbox"/> 8</p>
<p>132. <u>Sequence Guide</u></p> <p>. If married and spouse listed on HF, go to Q.133A . . . <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.133B . . . <input type="checkbox"/> 2</p>	<p>135. DOES THIS (benefit(s) in Q.134) MAKE UP MORE THAN HALF OF (AND (Name of spouse)) INCOME?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No. <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p>	<p>139. DOES HAVE A PERSONAL TREATMENT ENTITLEMENT CARD FROM THE DEPARTMENT OF VETERAN'S AFFAIRS OR REPATRIATION?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.141) <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.141) . . <input type="checkbox"/> 3</p>	<p>144. <u>Interviewer:</u></p> <p>Code number of children 15-25 years at full-time education.</p> <p>None <input type="checkbox"/> 9</p> <p>Number aged 15-25 <input type="checkbox"/></p>
<p>133A. Show BLUE prompt card:</p> <p>DOES OR (Name of spouse) RECEIVE ANY OF THE GOVERNMENT PENSIONS OR ALLOWANCES SHOWN ON THIS CARD?</p> <p>133B. DOES RECEIVE ANY OF THE GOVERNMENT PENSIONS OR ALLOWANCES SHOWN ON THIS CARD?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.136) <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.136) . . <input type="checkbox"/> 3</p>	<p>136. <u>Sequence Guide</u></p> <p>. If married and spouse listed on HF, go to Q.137A . . . <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.137B . . . <input type="checkbox"/> 2</p>	<p>140. DID USE REPATRIATION ENTITLEMENT LAST TIME VISITED A DOCTOR OR SPECIALIST?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No. <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p>	<p>141. DOES HAVE ANY (OTHER) HEALTH CONCESSION CARD FROM THE GOVERNMENT WHICH ENTITLES TO FREE MEDICAL CARE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No. <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p>

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